Disc	losure	Report	Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Inf	formation								
a. Full Name								c. ID Number	
COMMITTEE TO ELECT ANGELA VACEK RECEIVED									
b. Mailing Addres	d. Date Filed								
PO BOX 97275 RALEIGH, NC 27624				MAR 09 2022				03/03/2022	
						e. Phone Number			
	entig com com								
2. Report Year	3. Period Star	t Date (mm/dd/y	/ <b>y</b> )	4. Period l	End Date	e (mm/dd/yy)	5. Treasur	er Full Name	
2022 03/02/2022			03/02/2022 COLLIN			COLLIN N	MCMICHAEL		
6. Type of Comm		)ne)	9. Typ	e of Report			type of rep	ort from one category)	
X Candidate Cam		-	Munic			State/County		Referendum	
Joint Fundraise	Second .			Organization		Organizatio	onal	Organizational	
Referendum	Constant	al Expense Fund		Thirty-five		Quarterly		Pre-referendum	
7. Type of Fund  "Booster Fund"		e, check one)		Pre-primary	- 10	First	i	Final Symplemental Final	
_	79		H	Pre-election		Second Third		Supplemental Final Annual	
☐ Building Fund ☐ Presidential Election Year Candidates Fund				Pre-runoff Semi-annual		Third Fourth		Annual Special	
	paign Financing	A CONTRACTOR OF THE CONTRACTOR		Semi-annual Mid Year		Fourth Semi-annual		Special	
110 I done can	.Paign i manomg	,		Year Er		Mid Ye		10. Special Report Name	
Other:			H	Final		Year E		10. Special Report Palle	
8. Number of Fu	ndraisers this	Report	lii	Special	li	Final	-0.000		
	0			•	i	Special			
3. Account Information					3. Account Information				
a. Financial Insti		me		a. Financial Institution Full Na			on Full Nam	ı e	
TRUIST BANK									
b. Purpose		c. Account Cod	le		b. Purpo	ose		c. Account Code	
CHECKING 01  d. Period Begin Bala			01						
			n Balan	ce				d. Period Begin Balance	
		\$		0.00				\$	
CERTIFICATIO	N								
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed									
funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board									
Collin M	Mich rinted Name of S	Signer	_ (	Sign	ature of A	Appointed Trea	asurer	03/03/2022 Date	
FOR OFFICE U	SEONLY			J					
Date Receive	2	9 2022		Emplo	yee: _	app		livery Method Normal Mail	
Date Postma	irked:			Emplo	yee: _		- 6 - 0	Registered Mail Hand Delivered	
Date Scanne	ed:	Empl			yee:			Electronically Filed	
Date Data E	ntered:			Emplo	yee: _			Signer has not received mandatory training	
	assista	cannot be used nt treasurer, cu	stodian	of books i	nformati	ion, or accou	nt informati	nittee address, treasurer,	